

**RECOMMENDATIONS
of the Ethnic Health Advisory Committee
(EHAC)
to the Utah Department of Health
2005-2006**

The Ethnic Health Advisory Committee (EHAC) serves as an advisory board to the Utah Department of Health to increase cultural sensitivity and competence in Utah's healthcare system. The Committee is facilitated by the Center for Multicultural Health and includes three members at-large and three representatives of each of the following racial/ethnic groups: Black/African American, American Indian/Alaska Native, Asian, Hispanic/Latino, and Native Hawaiian/Other Pacific Islander.

Recommendations are suggestions made to the Utah Department of Health by EHAC members. They provide the formal opinion of EHAC to Utah Department of Health programs.

In addition to approving these recommendations as part of EHAC minutes, at least 2/3 of EHAC members who voted approved these recommendations in an anonymous final vote. Nine EHAC members voted, which constitutes a majority of EHAC members.

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Cultural Competence Training

- ✚ UDOH should support Health Insight's cultural competence training project.
- ✚ CMH should involve EHAC members when creating cultural competence curricula.
- ✚ Take advantage of local speakers when planning cultural competence trainings to recognize local experts, get information on Utah-specific issues and save money; also use national speakers because they bring fresh perspectives to Utah.
- ✚ When creating cultural competence training, seek professional advice but do not necessarily have professionals deliver the training.
- ✚ Cultural competence training should provide a framework and resources but should not make people feel overwhelmed.

Data

- ✚ In addition to measuring insurance status by phone survey, use door-to-door surveys or other alternate methodologies to reach individuals who have cell phones and those who do not have phones.

Healthcare Access

- ✚ EHAC should have a representative on the Governor's working group for the uninsured.
- ✚ The Huntsman initiative to address the uninsured should involve Utah tribal leaders to address American Indian/Alaska Native needs.
- ✚ Look for cultural competency issues that may prevent health coverage enrollment.
- ✚ Frame Medicare Part D education as information about how to pay for healthcare, not as education about Medicare Part D. Include education about state programs as well.

Outreach

- ✚ Include minority media in pandemic flu planning.
- ✚ Address Limited English Proficient people and people without phones in pandemic flu planning.
- ✚ Face-to-face outreach is most successful for many minority populations.
- ✚ Health fairs are a good way to reach minority populations but if screening is involved, adequate training in privacy issues and interpretation of results is necessary.

Translation and Interpretation

- ✚ CMH should emphasize its work in translation to the Legislature to show accountability for additional dollars.
- ✚ CMH should determine what can be accomplished with this level of new funding for translation efforts and create goals and objectives from the beginning to keep expectations clear.
- ✚ Consider adapting federal interpretation standards as the Utah standard.
- ✚ Advertise that Medicaid provides reimbursement for interpreting here in Utah.

Center for Multicultural Health

- ✚ Invite EHAC members to events with at least 2 weeks notice.
- ✚ If there is not room for all members of EHAC, at least the EHAC Executive Committee should be invited to all CMH events.
- ✚ The UDOH Health Disparities Plan should demonstrate how different groups will interface with each other, who has the responsibility and what process will they follow.
- ✚ Contract performance criteria for facilitating the Multicultural Health Network should be clear and simple so that it is obvious whether contract requirements have been satisfied.